

To Clerk of Court

Concerning

Objection to settlement in;

Ryals v. HireRight Solutions Inc. case Civil Action No 3:09cv625

As a requirement of sending you this information I also needed to file a statement as to when I sent this information out to the Class Counsel and the Defense Counsel as well.

I am sending this out to you, the Court, The Class Counsel (Leonard A Bennett), and the Defense Counsel (Dane H Butswinkas) on September 28, 2011.

Sincerely

James R. Bishop

Redacted

Troy, Ohio *Redacted*

Phone. *Redacted* cellphone *Redacted*



Ryals v. HireRight Solutions Inc.
Civil Action No. 3:09cv625

James R. Bishop

Redacted

Troy, Ohio.. Redacted

Redacted

or cellphone

Redacted

To Whom it may concern;

I am objecting to the amount of the settlement that may be entitled to me in the court case presented Ryals v. HireRight Solutions Inc. My reasons are in this following letter. Thank You for reading it.

Since having been let go from a semi truck driving position in December 2005, I have tried to find work still in the trucking industry. I have been a trucker since I left the Military in 1989. My record had some minor problems such as the usual red light or speeding ticket which are normal in the trucking industry, but because of what HireRight has put into my records concerning the time I worked for Martin Transportation (MTS) I have not been able to find work, with anything larger than a small starting company and even there I have had trouble, to the end that from not working at a decent company to provide for my family, the stress has shoved me into having a heart attack and now I am not able to drive or work, but I am on disability due to heart issues, copd, and emphazema

Provided with this letter you will find a copy of the signed verification that I am filing with this civil action and the papers that I have to offer as proof as well of what HireRight caused to happen to me.

- The first papers shown after the verification is a copy of my work history. This is important because you will see just how hard it was for me to find work after MTS sent their information to HireRight. It also shows what I had to do to earn any kind of living to try to support my family. ie*such as working for Temp services
- The next informational batch of papers are copies of letters that I had to send with any job applications to prove that the information HireRight was sending to potential employers were not honest concerning my abilities and times working for MTS *note here, the information HireRight gave potential employers made me out to be a liar on my applications
- The next piece is a copy of the HireRights' information given to me by a potential employer and that they had received this from HireRight as to what kind of employee I was. At this time, when seeing the information given, I sent these pages back to HireRight with the proof for them so that HireRight could correct their information or remove it.
- 14 months later I received this next letter back with just one adjustment changed. And while waiting for these changes that never came I continued to search for work. With Employers continuing to refuse me work.
- These next 2 pages are other companies that refused me work due to the HireRight reports received by them.
- In 8/2009 I picked up my own DAC report to see what was on it. Generally with a DAC report as good as this one I could have received a job without any hassle.
- In this next batch of papers you will find proof of my earnings as a truck driver starting in 2004. This amount gross that year was \$51786. A decent wage. This is shown to let you see that as a driver I worked and made money for the company, myself, and family. My basis for the following;
- Going from 2004 @ \$51,786 (less just say I topped my wages off here.. but in reality I would have had salary increases
- To 2005 @ \$37,845 then unemployment of \$740...equals loss of \$13,201
- To 2006 @ \$9,847 then unemployment of \$5,439...equals loss of \$36,500
- To 2007 @ \$14,289 then unemployment of \$264...equals loss of \$37,233
- To 2008 @ \$12,636 then unemployment of \$4650...equals loss of \$34,500
- To 2009 @ \$9,381 working as subcontractor then unemployment of \$12105 +jury pay \$160 ... equals loss of \$30,140

THE TOTAL AT THE END OF 2009 THAT HIRERIGHT COST ME was \$ 151,574

- To 2010 @ \$566 working as subcontractor then unemployment of \$2542 then SSI of \$3894...equal loss of \$44,784

- The last pages that I have sent are proof of my heart attack and the condition that I am in. My reasons for sending these are so that you can see what the stress of not being employed also cost me. If you take that I was making at the age of 53 which was \$51,786 and multiply it by how many good years that I had left before the retirement age which I believe is at the age of 65 (12yr), I have the total is \$621,432. I would like to mention the amount my heart attack cost as well. The total cost for this was bordering on \$100,000. I had hospitalization with MTS but without the opportunity to find another job I could not then and still cannot afford any major medical. After the heart attack, the costs were picked up by Medicaid and I now go to the VA for anything major medical. And then there is the constant rehab. This with being on SSI.
- My final thought on what HireRight owes me... MY LIFE. I have not been able to earn a decent living since 2005. I was worth in earnings for up to 12 more years in driving a minimum of \$621,432 of which I was not able to find, act upon, or acquire due to HireRight abstaining from correcting their lies. I believe I should be awarded this amount as well as monies with which to retire on since because of HireRights actions I was not able to provide these monies for myself.

Thank you for going through my paperwork and considering my plea for a bigger settlement.

Sincerely James R. Bishop

Ryals v. HireRight Solutions, Inc. Settlement Administrator
Post Office Box 4109
Portland, OR 97208-4109

Claim Form

Ryals v. HireRight Solutions, Inc.
3:09cv625 (E.D. Va.)



304205672223

000 0010899 00000000 001 001 10899 INS: 0 0

JAMES R BISHOP

Your Unique Claim Number: **Redacted**

TROY OH **Redacted**

- If the Court approves the settlement and you do nothing, a check in the approximate amount of \$134.00 will automatically be mailed to you. If you instead submit this claim form for your actual damages and the claim is determined to be valid, you will receive a cash payment for your damages. The amount of the cash payment will be determined as described in Section 8.7.2 of the Settlement Agreement.
- The claim form must include some "proof" that you actually incurred damage or harm from an inaccurate DAC, USIS Commercial Services or HireRight Solutions consumer report. You do not need to prove the amount of your injury; only that it occurred. Completing and signing this form is an acceptable way to provide "proof" that you incurred damage or harm.
- Claims may be filed by deceased Actual Damages Claims Settlement Class Members through representatives of their estates. If you are submitting a claim on behalf of a deceased Settlement Class Member, you must submit appropriate documentation with this claim form demonstrating that you are duly authorized to do so.
- The deadline to submit a claim is 14 days following Final Approval. This deadline will be no earlier than **November 17, 2011**. The actual claim deadline will be posted when it becomes known at www.DACClassAction.com.

Section I: Your Personal Information

(STOP! Do not complete this section if the preprinted information above is correct)

First Name James MI R Last Name Bishop
 Mailing Address Redacted
 City TROY State OH Zip Code Redacted

Section II: Additional Information

Social Security Number (required) Redacted Date of Birth (required) Redacted Telephone Number (required) Redacted *cell*
 Email Address (optional) hm

Section III: Your Damages Information

I believe that I suffered actual damages from an inaccurate consumer report provided to my employer or my prospective employer by DAC, USIS Commercial Services or HireRight Solutions.

Name of Employer/Prospective Employer MARTIN TRANSPORTATION / DICKHART / Jet Express

As a result of the inaccurate consumer report (check all that apply):

- ☒ My employment application was denied (I did not get the job).
☒ I was terminated by my employer (I was fired).
☐ I was unable to obtain a security clearance or had such clearance delayed.
☐ I received the job or was not fired, but was required to explain the inaccurate consumer report or take other steps and/or suffered other harm from the inaccuracy.

Please continue on reverse side.

Questions? Call 1-877-554-4675 or visit www.DACClassAction.com



Section III: Your Damages Information (continued)

You must select one of the following two options.

☒ A. I have included a letter or other document with this claim form from the employer listed above stating that I was fired, not hired or suffered some other adverse employment action. OR

☒ B. The following is my written explanation of the damages I suffered from the inaccurate consumer report provided to my employer or prospective employer by DAC, USIS Commercial Services or HireRight Solutions. This written explanation must be sufficient for the Settlement Administrator to confirm your claim.

In Dec 2005 I had an accident ^{High Wind &} during blizzard like conditions while driving for Martin Transportation in Ossian, IN. This led to me losing my job. I haven't been able to obtain a truck driving job from a large secure company since. The accident was on the customer's private property (their entry drive). I was driving on ice & gust of wind pushed truck into ditch & it fell over. After a 2 week time I was let go.

I was hired by Dick havy Trucking in March 2006 then because of hire rights wording versus the truth I was let go the same day.

In Oct 2007 was hired & trained for 2 weeks by Jet Express. I was let go for the same reason, the ^(Attach additional pages as needed.) wording about the accident on the Hire Right papers.

Section IV: Signature

In 2009 wasn't hired by Apex Express for same reason

My signature below certifies that to the best of my knowledge the information I have provided is truthful and correct.

Signature: 

Date: 4/7/11

Submitting Your Claim

Claim Forms must be mailed to:

Ryals v HireRight Solutions Settlement Administrator
P.O. Box 4109
Portland, OR 97208-4109

You may also submit your claim online at www.DACClassAction.com.

Questions? Call 1-877-854-4675 or visit www.DACClassAction.com

Work History

3/4/2010 Had 2nd Major Heart attack... was removed from working by DOT and Dr.

Semi Driver.. Tuned up Trucking 12/21/2009-2/11/2010

- 13920 Eaton Pk, New Lebanon, Ohi 45345
- owner Lance 937-830-1695 pay .31 cpm
- Reason for leaving... lack off work/ laid off

MAY 1998- Feb 2010

WORK
History

Semi driver..S & J Truck & Trailer Repair 9/24/2009-12/17/2009

- 4392 Gibson Dr, Tipp City, Ohio 45371
- owner Stirling 937-667-6290 pay .31cpm
- Reason for leaving... lack off work / company closed

Semi Driver recertification 8/2009

Factory Worker/Forklift Operator...Manpower Temporary Services 4/2008-10/2008

- 1810 W Main, Troy, 45373
- supervisor- Hannah 937-335-5485 pay 11.85 per hour
- Reason for leaving... temporary work only

Semi Driver.. Jet express Trucking 10/2007-11/2007

- 4518 Webster St Dayton, Ohio 45414
- phone 937-274-7033 pay .31cpm
- Reason for leaving... was let go before being put on permanent due to Hire Right

Semi Driver... Ohio Valley Wood Recycling 4/2007-9/2007

- 1375 Union St Troy, Ohio 45373
- Supervisor Kelly 937-335-1581 pay 13 per hour
- Reason for leaving... Company closed due to fire

Factory Worker, crane Operator.. CBS Personnel Services 4/2006-9/2006

- 1600 W. Main St, Troy, Ohio 45373
- Supervisor Kelly 937-339-0212 pay 10 per hour
- Reason for leaving... temporary service contract only

Semi Driver... Dick Lavy Trucking 3/2006-3/2006

- 8848 St Rt 121 Bradford, Oh 45308 pay .31cpm
- owner Dick Lavy 937-448-2104
- Reason for leaving... Information on Hire Right made it look like I lied on my application. Was let go immediately *** note here I am in process of filing greivance on my DAC report, with evidence that previous employr put wrong information into report that they are sending to potential employers

Semi Driver... Martin Transportation Rehired 8/14/2005-01/06/2006

- Executive Blvd Huber Heights, Oh/ 7300 Clyde Park Ave, Byron Center, Mi 49315
- Supervisor Joe Kettring 1-800-748-0194
- Reason for leaving..on December was doing a double trip to Ossian, Indiana. On second trip as I was approaching the entrance to the company for a drop off, (which the road was a sheet of ice at the time, weather was blizzard like with high winds) a gust of wind caught my trailor and blew it into a ditch with flipped the truck onto its side. The officer on the scene said it wasn't my fault because he had told them to salt the road earlier, so I was sent home without a ticket or proof of the accident. The company released me

from work on Jan 6, 2006.

Semi Driver... Martin Transportation/ RTS Transportation 5/21/1998-6/1/2005

- **Executive Blvd Huber Heights, Oh/ 7300 Clyde Park Ave, Byron Center, Mi 49315**
- **Supervisor Joe Kettring 1-800-748-0194**
- **Reason for leaving... Was offered an opportunity to purchase a semi... it fell through, reapplied for work at Martin Transportation**

To whom it may concern;

I have decided to give you a little more information ahead of time so that when you contact Hire Right for my DAC report you have a heads up on the discrepancies concerning MTS. We are still in the process of clearing up these problems at this time.

When leaving MTS employ, they listed with Hire Right that I had only worked there from 8/05 to 1/06. Enclosed is a statement from the bookkeeping office of MTS with the actual dates that I worked for them.

There was also listed on Hire Right, 2 accidents that I participated in. One was while I was waiting to make a right turn into a parking lot when a car decided to go straight at the same time. I was not charged. Also this 1st accident occurred on 11/26/04 BMV case 48390133 Miami Cty, Ohio. This date does not fall between 8/05-1/06.

The second accident was when I was going to Ossian for the 2nd time in one day. The weather conditions was icy roads, rain, sleet, snow and wind. As I was making my approach into the yard of the company where I was delivering a gust of wind blew the semi onto its side. MTS deemed I was at fault. I have enclose a letter from the Ossian Police concerning my accident. I believe you will find it enlightening.

Thank you for taking the time to look over my work record.

Sincerely James Bishop

Started sending
this with job
Applications

Informational letters
that I had to send
with job Applications
because Hire Right
would not Remove
lies put into my
informational pkt by
MTS



Jim Bishop seniority time for Martin Transportation

Original hire date: 05/21/98

Quit on 06/01/05 to buy his own truck

Rehired on 08/14/05

Terminated on 01/06/06 due to accident with truck

Bonnie Kooistra/Payroll
Martin Transportation Systems, Inc.

HAD to ADD this
to Applications. MTS
knew about my time with
them. Hire Right would
not remove it

**Ossian
POLICE**

Small enough to care - Big enough to help

David L. Rigney
Chief of Police

August 28, 2009

Mr. Jim Bishop

Redacted

Troy, OH

Redacted

Ref: Accident/Incident on Dec. 16, 2005

Dear Mr. Bishop:

Per your request, I checked our records for any accident or incident report involving you on Dec. 16, 2005. I was unable to find any reference to you or an accident/incident on that date. In fact, your name was not in our system as a person that our agency has had any contact with at any time.

Sincerely,

David L. Rigney

David L. Rigney

*Letter from
Ossian Police that
I had to put in with
Application to try
to secure a job*

copy of report
sent by HireRight
to company that
I applied to get
work
They could not
hire me

Customer: D A C Services Main Internal Users
User: Acasha Shields-Neal

TS - SUBJECT LIST

employment History

D A C Services Main Internal Users (1204)
Acasha Shields-Neal (dacacasha)

Dispute was
made after seeing
this

=====

EMPLOYMENT HISTORY #1

Search using BISHOP, J,

Redacted

EMPLOYMENT RECORD 05/06/2008 14:08:05 1000829783

Driver: BISHOP, J

SSN:

Redacted

DOB:

Redacted

Contributed By: MARTIN TRANSPORTATION
Martin Transport
Martin Leasing
R T S Transportation Systems
R T L Transportation
Gay Cartage
Warner Transportation
SYSTEMS INC
7300 CLYDE PARK AVE SW
BYRON CENTER, MI 49315

Phone: (616) 455-8850

Original data received by DAC on 02/13/2006

Period of Service: From 06/2005 To 01/2006
License Number: OH, RM067125
ELIGIBLE FOR REHIRE: No
REASON FOR LEAVING: Discharged (or Company Terminated Lease)
STATUS: Company Driver
DRIVER'S EXPERIENCE: Over the Road
EQUIPMENT OPERATED: Dry Box
LOADS HAULED: Gen. Commodity
WORK RECORD: Other

* MTS Lied here
HireRight would not
Remove it

* See MTS Paper
in informational pkt

Accident/Incident Record

Equipment was involved in an occurrence or act that produced unintended injury, death, property damage of any type, or resulted in the equipment requiring a tow (other than mechanical breakdown) while assigned to the driver regardless of fault. Adverse information is reported for 7 years.

Number of DOT Recordable accidents less than 7 years old: 0

Number of Non DOT Recordable Accidents/Incidents less than 7 years old: 1 (MTS)

Accident/Incident Details

Accident/Incident #: 1
Date: 12/16/2005
DOT Recordable: No
City, St: OSSIAN, OH - IN DRIVER
Injuries: 0

while they spoke
of 2 accidents
yet 1 of these
happened DURING
A time when they
SAID that I did
NOT WORK for them

View Reports - Subject List

Fatalities: 0
 HAZMAT: No
 Description: Ran Off Roadway - Preventable Accident/Incident
 Damaged Equipment/Property

*See letter to whom
it may concern*

No additional accident/incident information available.

=====

EMPLOYMENT HISTORY #2

=====

Search using BISHOP, J,

Redacted

EMPLOYMENT RECORD 05/06/2008 14:08:05 1002463983

Driver: BISHOP, J

SSN: Redacted

DOB: None on file

Contributed By: DICK LAMY TRUCKING INC
 8848 STATE RT 121
 BRADFORD, OH 45308

Phone: (937) 446-2114

Original data received by DAC on 03/28/2006

Period of Service: From 03/2006 To 03/2006
 ELIGIBLE FOR REHIRE: No
 REASON FOR LEAVING: Discharged (or Company Terminated Lease)
 STATUS: Company Driver
 DRIVER'S EXPERIENCE: Local
 EQUIPMENT OPERATED: Dry Box
 LOADS HAULED: Gen. Commodity
 WORK RECORD: Falsified Employ-Application

** MTS lied & the company
that hired me believed the
lie*

Accident/Incident Record

Equipment was involved in an occurrence or act that produced unintended injury, death, property damage of any type, or resulted in the equipment requiring a tow (other than mechanical breakdown) while assigned to the driver regardless of fault. Adverse information is reported for 7 years.

Number of DOT Recordable accidents less than 7 years old: 0
 Number of Non DOT Recordable Accidents/Incidents less than 7 years old: 0

No additional accident/incident information available.

=====

EMPLOYMENT HISTORY #3

=====

Search using BISHOP, J,

Redacted

EMPLOYMENT RECORD 05/06/2008 14:08:05 1000628083

Driver: BISHOP, J

SSN: Redacted

DOB: None on file

Contributed By: JET EXPRESS INC
 4518 WEBSTER ST
 DAYTON, OH 45414

Phone: (937) 274-7033

Original data received by DAC on 12/06/2007

View Reports - Subject List

Period of Service:	From 10/2007 To 11/2007
ELIGIBLE FOR REHIRE:	Yes
REASON FOR LEAVING:	Resigned/Quit (or Driver Terminated Lease)
STATUS:	Lease Driver (Employee of Independent Contractor)
DRIVER'S EXPERIENCE:	Regional
EQUIPMENT OPERATED:	Dry Box
LOADS HAULED:	Gen. Commodity
WORK RECORD:	Satisfactory

AGAIN let go Due to Hire Right

 Accident/Incident Record

Equipment was involved in an occurrence or act that produced unintended injury, death, property damage of any type, or resulted in the equipment requiring a tow (other than mechanical breakdown) while assigned to the driver regardless of fault. Adverse information is reported for 7 years.

Number of DOT Recordable accidents less than 7 years old: 0
 Number of Non DOT Recordable Accidents/Incidents less than 7 years old: 0

No additional accident/incident information available.

=====

[END OF REPORT]

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July 2, 2009

James Bishop

Redacted

Troy, OH

Redacted

After Dispute was
made Almost 14 months
later, corrections
were still needed
Following papers are
the uncorrected reports
but to them the
corrected ones

Dear Mr. Bishop:

After receiving your dispute regarding information in your file, HireRight conducted an investigation. That reinvestigation has been completed. Enclosed is your current file. Any disputed information that has not at this time been verified has been deleted. The furnisher of that information has verified the disputed information that remains.

The procedure used by HireRight to reinvestigate a dispute is to directly contact that furnisher of the information of the information and advise them of your dispute. They in turn advise us whether the information currently stored by HireRight is correct. The source of the information is normally the records of the company or personal knowledge of the person being interviewed of the events in question. The furnisher's business name, address and telephone number are the same as listed on the report.

If you have not already done so, you have the right to place a statement in your file setting forth the reasons why you dispute certain information or believe that it is incomplete, or to provide an explanation of some negative information. You also may revise your statement at any time. To enter or revise your statement, contact HireRight at 1-800-381-0645. HireRight personnel will assist you in formulating your statement.

If information has been deleted from your report or if you have added a statement, you are entitled to have a copy of your current report with your statement sent to any person(s) specifically identified by you who received the report within the last two years that contained the deleted or disputed information. HireRight may impose a charge for providing those notices. To determine those charges, just ask the consumer consultant representative.

If you have any questions, please contact us at 1-800-381-0645

Sincerely,

Consumer Consulting Department

Enclosure

MARTIN Transportation
ORIGINAL hire 5/1998 - 1/2003
company name change 1/2003 - 4/2005
8/2005 - 1/2006

Search using BISHOP

Redacted

1000829783

JUL 2, 2009 11:39

Driver: BISHOP, J

SSN:

Redacted

DOB:

Redacted

Phone: (616) 455-8850

Contributed by: MARTIN TRANSPORTATION

Martin Transport

Martin Leasing

R T S Transportation Systems

R T I Transportation

Bay Cartage

Warner Transportation

SYSTEMS INC

7300 CLYDE PARK AVE SW

BYRON CENTER, MI 49315

Original data received by DAC on 02-13-2006

From 08/2005 to 01/2006
OH, USA, RM067125Original Date received MTS
See letter header

Period of Service:

No

License Number:

Eligible for Rehire

Reason for Leaving

Status

Driving Experience

Equipment Operated

Loads Hauled

Work Record

Accident/Incident Record

Equipment was involved in an occurrence or act that produced unintended injury, death, property damage of any type, or resulted in the equipment requiring a tow (other than mechanical breakdown) while assigned to the driver regardless of fault. Adverse information is reported for seven years.

Number of DOT Recordable Accidents: 0

Number of Non-DOT Recordable Accidents/Incidents: 2

Accident/Incident Number:

1

DOT Recordable:

No

Date:

12/16/2005

City, ST:

OSSIAN, OH

Injuries:

0

Fatalities:

0

Hazardous Material:

No

During this time of employment
over 1000 hours were run

Description:

Ran Off Roadway —
 Property Damage Accident/Incident
 Damaged Equipment/Property

Please look at letter from DSS,
 2/10/2009, information provided
 DSS's

Additional Information available

Search using BISHOP, [Redacted]

1002463983

DAC Services, EMPLOYMENT RECORD JUL 2, 2009 11:39

Driver: BISHOP, J SSN: [Redacted] DOB: Not on File

Contributed by: DICK LADY TRUCKING INC Phone: (937) 448-2104
 8848 STATE RT 121
 BRADFORD, OH 45308

Original data received by DAC on 03-28-2006

Period of Service: From 03/2006 to 03/2006
 License Number: Not on File
 Eligible for Rehire: No
 Reason for Leaving: Discharged or Company Terminated Lease
 Status: Company Driver
 Driving Experience: Local
 Equipment Operated: Dry Box
 Loads Hauled: Gen. Commodity

this was only
 changes made

Accident/Incident Record

Equipment was involved in an occurrence or act that produced unintended injury, death, property damage of any type, or resulted in the equipment requiring a tow (other than mechanical breakdown) while assigned to the driver regardless of fault. Adverse information is reported for seven years.

Number of DOT Recordable Accidents: 0
 Number of Non-DOT Recordable Accidents/Incidents: 0

No additional Accident/Incident information available

1000623083

Search using BISHOP, [Redacted]

DAC Services, EMPLOYMENT RECORD JUL 2, 2009 11:39

Driver: BISHOP, J SSN: [Redacted] DOB: Not on File

Phone: (937) 274-7033

Contracted by JET EXPRESS INC
4013 WEBSTER ST
DAYTON, OH 45414

Vehicle 1 Contracted by DAC on 10-06-2007

Period of Service:	From 10/2007 to 11/2007
License Number:	Not on File
Eligible for Rehire	Yes
Reason for Leaving	Resigned/Quit or Driver Terminated Lease
Status	Lease Driver/Emp. of Indep. Contractor
Driving Experience	Regional
Equipment Operated	Dry Box
Loads Hauled	Gen. Commodity
Work Record	Satisfactory

Accident/Incident Record

Equipment was involved in an occurrence or act that produced unintended injury, death, property damage of any type, or resulted in the equipment requiring a tow (other than mechanical breakdown) while assigned to the driver regardless of fault. Adverse information is reported for seven years.

Number of DOT Recordable Accidents: 0

Number of Non-DOT Recordable Accidents/Incidents: 0

No additional Accident/Incident information available

=====

DAC'S RECORDS INDICATE THAT THE FOLLOWING LICENSE(S) ARE HELD OR HAVE BEEN PREVIOUSLY HELD BY THE DRIVER (MAY ALSO INCLUDE NON-RESIDENT OR NON-LICENSED DRIVER VIOLATION RECORDS)

OH RM067125 BISHOP J
[Redacted]
INFORMATION RECEIVED ON 05/29/2009

DOT (SECTION 391.23) REQUIRES AN INQUIRY INTO THE DRIVERS DRIVING RECORD FOR ALL LICENSES HELD BY THE DRIVER DURING THE PRECEDING THREE YEARS.

=====

Search using BISHOP, [Redacted]

1000628083

DAC Services, Drug/Alcohol Disclosure JUL. 2, 2009 11:39

STATING HEIRE WHAT WAS
ON HIRE RIGHT AS A
REASON TO NOT HIRE ME

regarding this driver. This information satisfies your driver information request. This information is provided for the company under 49 C.F.R. 391.21(a)(2)(ii) of service listed.

Period of Service

JET EXPRESS INC
DAYTON, OH

From 10/2007 to 11/2007

To obtain drug/alcohol test information from the company(s) listed above, fax a DAC Drug/Alcohol release form to DAC at 800-257-8069. Releases faxed to other numbers will experience delays in processing. The driver must sign the DAC Drug/Alcohol release after listing all the company(s) from which you wish to receive information.

The drug/alcohol report may be retrieved by accessing the MBX "Print Mailbox" option through Screening services. Anticipated turnaround time is 1 hour.

If you need a DAC drug/alcohol release form or have questions about using DAC's drug/alcohol database please call DAC drug/alcohol marketing at 800-331-9175.

=====

Another company
that Refuse my
WORK Due to
Hire Right

08/26/2009

HireRight
4500 S 129th E. Ave. Ste. 200
Tulsa, OK 74134-5885

JAMES R BISHOP

Redacted

TROY OH

Redacted

This letter is notification that the enclosed Driver History Information on you has been ordered by and is being provided to:

APEX EXPRESS INC
2942 BOULDER AVE
DAYTON OH 45404
937-277-7271

This notice is being sent to you pursuant to Section 613 of the Fair Credit Reporting Act.

This information was obtained for the company listed above by HireRight. If you need assistance regarding this information, please contact HireRight at 800-381-0645 and ask to speak with one of our Consumer Consultants.

Thank you,

HireRight

based on Please Note: The information contained in this report is
indicate search criteria matching certain personal identifiers that
of that this information matched the consumer who is the subject
the report. However, this information is not guaranteed for
accuracy or truthfulness as it relates to the subject of this
report. The information contained in this report was
accurately copied from HireRight's supplier(s) of such information,
including

the public records of various courts and law enforcement agencies; credit bureaus; laboratories; etc., as applicable. However, information generated as a result of identity theft, including evidence of criminal activity, may be inaccurately associated with the consumer who is the subject of this report. Employment decisions should not be based solely upon information contained in this report. Positive ID requires a fingerprint search. The user of this report is responsible for following applicable local, state, and federal laws with respect to the procurement and use of this information.

TRANSACTION REPORT

AUG/28/2009/FRI 01:06 PM

FAX(TX)

#	DATE	START T.	RECEIVER	COM.TIME	PAGE	TYPE/NOTE	FILE
001	AUG/28	01:05PM	19378329243	0:00:22	2	MEMORY OK	SG3 2956

Ossian Police Department

507 North Jefferson
Ossian, IN 46777

Phone: 260-622-7519
Fax: 260-622-6250

Fax Transmittal Form

To: TVM

From: Chief David Rigney

Fax Number: 937-832-9243

Date Sent: Aug. 28, 2009

Attn: Michelle

Time Sent: 1250 hrs.

No. Of Pages Including Cover Page: 2

Message:

Ref: Jim Bishop

Transmission to
A company who
Received hire Rights
info. They Refused
me work

8/24/09

making Determination
my Drivers Report. I could
easily Acquired A job with
this

D. A. C. S E R V I C E S M V R R E P O R T

D R I V E R I N F O R M A T I O N

OHIO
BISHOP, JAMES R

LIC# [REDACTED]

QBK:

[REDACTED]
TROY, OH [REDACTED]DOB [REDACTED] SOC/SEC: SEX:M HGT:5'11 WT:190 EYES:BROW
HAIR:BROW
REQUESTED AS ALSO KNOWN AS:RM067125,BISHOP

D R I V E R L I C E N S E I N F O R M A T I O N

CLASS ISSUED EXPIRES STATUS RESTRICTIONS

CDL-A 03/15/07 03/26/11 VALID

M I S C E L L A N E O U S / S T A T E S P E C I F I C I N F O R M A T I O N

CLASS: CDL-A=COMB VEH>26,000 GVWR, TOWED UNIT>10,001 GVWR
ENDOR : T, N
ENDOR: T=DOUBLES/TRIPLES, N=TANK
MISC: REPORT CONTAINS ALL ACTIVE WITHDRAWALS, ACCIDENTS FOR THREE
YEARS FROM
MISC: THE ACCIDENT DATE AND CONVICTIONS FOR THREE YEARS FROM THE
CONVICTION
MISC: DATE.

D R I V I N G R E C O R D I N F O R M A T I O N

TYPE V/S-DATE C/R-DATE DESCRIPTION
CODE PTS

V/C-

CONV 02/28/08 03/10/08 TRAFFIC CONTROL LIGHTS
02COURT:MIAMI CO MUNICIPAL COURT
COURT CASE #802319A
C1=IN-STATE CONVICTION
END OF DRIVER RECORDS

***** MVR VAULT

***** STATE PROCESSED 08/25/09 ** YOUR REQUEST ON 08/26/09

***** MVR AGE: 01 DAYS

DAC RPT#:238- 1 DAC ACCT#: DAC REF#:10322200908260749
DMV DATE:08/25/09 DMV ACCT#:
=====

the following income
TAX FORMS PROVE THE
DAMAGE NITA RIGHT DID
TO MY CAREER

Part B To Be Filed With The Employee's FEDERAL Tax Return

1040 Department of the Treasury—Internal Revenue Service **2005** (9)

U.S. Individual Income Tax Return

For the year Jan. 1–Dec. 31, 2005, or other tax year beginning . . . , 2005, ending . . .

Label (See instructions.)

Use the IRS label. Otherwise, please print or type.

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund ()

Filing Status

1 ☐ Single

2 ☒ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶

4 ☐ Head of household qualifying this child

5 ☐ Qualifying widow(er) with dependent child (see instructions)

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a

b ☒ Spouse

c **Dependents:**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) X if qualifying child for child tax credit (see instr.)
Redacted	BISHOP	Redacted	Daughter	X

d Total number of exemptions claimed 3

Filing Status

Check only one box.

Exemptions

If more than four dependents, see instructions.

Income

Attach Form(s) W-2 here. Also attach Form(s) W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

Adjusted Gross Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	37,845
8a	Taxable interest. Attach Schedule B if required	8a	0
b	Tax-exempt interest. Do not include on line 8a	8b	0
9a	Ordinary dividends. Attach Schedule B if required	9a	0
b	Qualified dividends (see instructions)	9b	0
10	Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	10	620
11	Alimony received	11	2,920
12	Business income or (loss). Attach Schedule C or C-EZ	12	0
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here	13	0
14	Other gains or (losses). Attach Form 4797	14	0
15a	IRA distributions	15a	0
b	Taxable amount (see instructions)	15b	13,975
16a	Pensions and annuities	16a	0
b	Taxable amount (see instructions)	16b	0
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	0
18	Farm income or (loss). Attach Schedule F	18	0
19	Unemployment compensation	19	740
20a	Social security benefits	20a	0
b	Taxable amount (see instructions)	20b	0
21	Other income. List type and amount (see instructions)	21	0
22	Add the amounts in the far right column for lines 7 through 21. This is your total income	22	56,100
23	Educator expenses (see instructions)	23	0
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	0
25	Health savings account deduction. Attach Form 8889	25	0
26	Moving expenses. Attach Form 3903	26	0
27	One-half of self-employment tax. Attach Schedule SE	27	207
28	Self-employed SEP, SIMPLE, and qualified plans	28	0
29	Self-employed health insurance deduction (see instructions)	29	0
30	Penalty on early withdrawal of savings	30	0
31a	Alimony paid	31a	0
b	Recipient's SSN ▶	31b	0
32	IRA deduction (see instructions)	32	0
33	Student loan interest deduction (see instructions)	33	0
34	Tuition and fees deduction (see instructions)	34	0
35	Domestic production activities deduction. Attach Form 8903	35	0
36	Add lines 23 through 31a and 32 through 35	36	207
37	Subtract line 36 from line 22. This is your adjusted gross income	37	55,893

This is the year I had AN ACCIDENT, where MTS lied about me to Hire Right. & Hire Right Refused to correct it.

Wife's work

MIL

started needing this

Form 1040 Department of the Treasury—Internal Revenue Service 2006 (99)		IRS Use Only—Do not write or staple in this space.	
For the year Jan. 1–Dec. 31, 2006, or other tax year beginning , 2006, ending , 20		OMB No. 1545-0074	
Label (See instructions.) Use the IRS label. Otherwise, please print or type.	L A B E L H E R E	Your first name and initial JAMES R BISHOP	Last name BISHOP
	If a joint return, spouse's first name and initial JUDITH A BISHOP		Last name BISHOP
	Home address (number and street). If you have a P.O. box, see instructions. [Redacted]		Apt. no. [Redacted]
	City, town or post office, state, and ZIP code. If you have a foreign address, see instructions. TROY OH [Redacted]		
Presidential Election Campaign		Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see instructions) <input type="checkbox"/> You <input type="checkbox"/> Spouse	
Filing Status Check only one box.			
1 <input type="checkbox"/> Single 2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. 4 <input type="checkbox"/> Head of household (with qualifying person). (See instr.) If the qualifying person is a child but not your dependent, enter this child's name here. 5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see instructions)			
Exemptions If more than four dependents, see instructions.			
6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a		Boxes checked on 6a and 6b 2	
b <input checked="" type="checkbox"/> Spouse		No. of children on 6c who:	
c Dependents:		• lived with you 1	
(1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) X if qualifying child for child tax credit (see instr.)		• did not live with you due to divorce or separation (see instructions)	
[Redacted] BISHOP [Redacted] Daughter X		Dependents on 6c not entered above	
d Total number of exemptions claimed		Add numbers on lines above 3	
Income Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a W-2, see instructions. Enclose, but do not attach, any payment. Also, please use Form 1040-V.			
7 Wages, salaries, tips, etc. Attach Form(s) W-2		7 9,847 <i>my wages</i>	
8a Taxable interest. Attach Schedule B if required		8a 0	
b Tax-exempt interest. Do not include on line 8a		8b 0	
9a Ordinary dividends. Attach Schedule B if required		9a 0	
b Qualified dividends (see instructions)		9b 0	
10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)		10 0	
11 Alimony received		11 0	
12 Business income or (loss). Attach Schedule C or C-EZ		12 21,254 <i>wife's money</i>	
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here		13 0	
14 Other gains or (losses). Attach Form 4797		14 0	
15a IRA distributions		15a 0	
16a Pensions and annuities		16a 0	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17 0	
18 Farm income or (loss). Attach Schedule F		18 0	
19 Unemployment compensation		19 5,439 <i>mine</i>	
20a Social security benefits		20a 0	
21 Other income. List type and amount (see instructions)		21 0	
22 Add the amounts in the far right column for lines 7 through 21. This is your total income		22 36,540	
Adjusted Gross Income			
23 Archer MSA deduction. Attach Form 8853.		23 0	
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ		24 0	
25 Health savings account deduction. Attach Form 8889		25 0	
26 Moving expenses. Attach Form 3903		26 0	
27 One-half of self-employment tax. Attach Schedule SE		27 1,502	
28 Self-employed SEP, SIMPLE, and qualified plans		28 0	
29 Self-employed health insurance deduction (see instructions)		29 0	
30 Penalty on early withdrawal of savings		30 0	
31a Alimony paid b Recipient's SSN		31a 0	
32 IRA deduction (see instructions)		32 0	
33 Student loan interest deduction (see instructions)		33 0	
34 Jury duty pay you gave to your employer		34 0	
35 Domestic production activities deduction. Attach Form 8903		35 0	
36 Add lines 23 through 31a and 32 through 35		36 1,502	
37 Subtract line 36 from line 22. This is your adjusted gross income		37 35,038	
KIA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions. Form 1040 (2006)			

Form 1040 Department of the Treasury - Internal Revenue Service **U.S. Individual Income Tax Return 2007**

IRS Use Only - Do not write or staple in this space. OMB No. 1545-0074

Label (See instructions.) Use the IRS label. Otherwise, please print or type.

For the year Jan. 1-Dec. 31, 2007, or other tax year beginning 2007, ending 20

Your first name and initial James R **Last name** Bishop

If a joint return, spouse's first name and initial Judith A **Last name** Bishop

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Redacted

City, town or post office, state, and ZIP code. If you have a foreign address, see instructions. Troy OH Redacted

Your social security number Redacted

Spouse's social security number Redacted

You must enter your SSN(s) above.

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see instructions) ☐ You ☐ Spouse

Filing Status

1 ☐ Single

2 ☒ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above and full name here.

4 ☐ Head of household (with qualifying person). (See instr.) If the qualifying person is a child but not your dependent, enter this child's name here.

5 ☐ Qualifying widow(er) with dependent child (see instructions)

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a

6b ☒ Spouse

6c **Dependents:**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) X if qualifying child for child tax credit (see instr.)
Redacted	Bishop	Redacted	Daughter	X

Boxes checked on 6a and 6b 2

No. of children on 6c who:

- lived with you 1
- did not live with you due to divorce or separation (see instructions) 0

Dependents on 6c not entered above

Add numbers on lines above 3

d Total number of exemptions claimed 3

Income

7 **Wages, salaries, tips, etc. Attach Form(s) W-2** *none* 7 14,289

8a **Taxable interest. Attach Schedule B if required** 8a 0

b **Tax-exempt interest. Do not include on line 8a** 8b 0

9a **Ordinary dividends. Attach Schedule B if required** 9a 0

b **Qualified dividends (see instructions)** 9b 0

10 **Taxable refunds, credits, or offsets of state and local income taxes (see instructions)** 10 0

11 **Alimony received** 11 0

12 **Business income or (loss). Attach Schedule C or C-EZ** *wife's* 12 37,931

13 **Capital gain or (loss). Attach Schedule D if required. If not required, check here** 13 0

14 **Other gains or (losses). Attach Form 4797** 14 0

15a **IRA distributions** 15a 0 b **Taxable amount (see inst.)** 15b 0

16a **Pensions and annuities** 16a 0 b **Taxable amount (see inst.)** 16b 0

17 **Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E** 17 0

18 **Farm income or (loss). Attach Schedule F** 18 0

19 **Unemployment compensation** *none* 19 264

20a **Social security benefits** 20a 0 b **Taxable amount (see inst.)** 20b 0

21 **Other income. List type and amount (see instructions)** 21 0

22 **Add the amounts in the far right column for lines 7 through 21. This is your total income** 22 52,484

23 **Educator expenses (see instructions)** 23 0

24 **Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ** 24 0

25 **Health savings account deduction. Attach Form 8889** 25 0

26 **Moving expenses. Attach Form 3903** 26 0

27 **One-half of self-employment tax. Attach Schedule SE** 27 2,000

28 **Self-employed SEP, SIMPLE, and qualified plans** 28 0

29 **Self-employed health insurance deduction (see instructions)** 29 0

30 **Penalty on early withdrawal of savings** 30 0

31a **Alimony paid** b **Recipient's SSN** 31a 0

32 **IRA deduction (see instructions)** 32 0

33 **Student loan interest deduction (see instructions)** 33 0

34 **Tuition and fees deduction. Attach Form 8917** 34 0

35 **Domestic production activities deduction. Attach Form 8903** 35 0

36 **Add lines 23 through 31a and 32 through 35** 36 3,096

37 **Subtract line 36 from line 22. This is your adjusted gross income** 37 49,388

Adjusted Gross Income

For Disclosures, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

Form 1040 (2007)

Form 1040		Department of the Treasury—Internal Revenue Service		U.S. Individual Income Tax Return 2008		(99)		IRS Use Only—Do not write or staple in this space.	
For the year Jan. 1–Dec. 31, 2008, or other tax year beginning		2008, ending		20		OMB No. 1545-0074			
Your first name and initial		Last name		Your social security number		Redacted			
JAMES R		BISHOP		Spouse's social security number		Redacted			
If a joint return, spouse's first name and initial		Last name		You must enter your SSN(s) above		▲		▲	
JUDITH A		BISHOP		Checking a box below will not change your tax or refund					
Home address (number and street). If you have a P.O. box, see instructions.		Apt. no.							
Redacted									
City, town or post office, state, and ZIP code. If you have a foreign address, see instructions.		OH		Redacted					
TROY									
Presidential Election Campaign		Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see instructions)		You		Spouse			
Filing Status		1 <input type="checkbox"/> Single		2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income)		3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here.		5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see instructions)	
Check only one box.									
Exemptions		6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a		Boxes checked on 6a and 6b		2			
b <input checked="" type="checkbox"/> Spouse				No. of children on 6c who:		1			
c Dependents:		(1) First name		(2) Dependent's social security number		(3) Dependent's relationship to you		(4) X if qualifying child for child tax credit (see instr.)	
Redacted		BISHOP		Redacted		Daughter		X	
If more than four dependents, see instructions.									
7 Wages, salaries, tips, etc. Attach Form(s) W-2		mine		7		12,636			
8a Taxable interest. Attach Schedule B if required				8a		113			
b Tax-exempt interest. Do not include on line 8a		8b		0					
9a Ordinary dividends. Attach Schedule B if required				9a		0			
b Qualified dividends (see instructions)									
10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)				10		0			
11 Alimony received				11					
12 Business income or (loss). Attach Schedule C or C-EZ		wifes		12		15,958			
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here				13		0			
14 Other gains or (losses). Attach Form 4797				14					
15a IRA distributions		15a		b Taxable amount (see inst.)		15b		0	
16a Pensions and annuities		16a		b Taxable amount (see inst.)		16b		0	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E				17		0			
18 Farm income or (loss). Attach Schedule F				18		0			
19 Unemployment compensation		mine		19		4,030			
20a Social security benefits		20a		b Taxable amount (see inst.)		20b		0	
21 Other income. List type and amount (see instructions)				21		0			
22 Add the amounts in the far right column for lines 7 through 21. This is your total income				22		33,357			
Adjusted Gross Income		23		0					
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ		24		0					
25 Health savings account deduction. Attach Form 8889		25		0					
26 Moving expenses. Attach Form 3903		26		0					
27 Self-employed SEP, SIMPLE, and qualified plans		27		1,128					
28 Self-employed health insurance deduction (see instructions)		28		0					
29 Penalty on early withdrawal of savings		29		0					
30 Alimony paid b Recipient's SSN		30		0					
31a Alimony paid b Recipient's SSN		31a		0					
32 Student loan interest deduction (see instructions)		32		0					
33 Tuition and fees deduction. Attach Form 8917		33		0					
34 Domestic production activities deduction. Attach Form 8903		34		0					
35 Add lines 23 through 31a and 32 through 35		35		0					
36 Subtract line 36 from line 22. This is your adjusted gross income		36		1,128					
37		37		32,229					

Form 1040		U.S. Individual Income Tax Return 2009		(99)	IRS Use Only—Do not write or staple in this space.										
Label (See instructions.) Use the IRS label. Otherwise, please print or type.		For the year Jan. 1–Dec. 31, 2009, or other tax year beginning 2009, ending 20		OMB No. 1545-0074											
LABEL HERE		Your first name and initial JAMES R		Last name BISHOP											
If a joint return, spouse's first name and initial JUDITH A		Last name BISHOP		Your social security number Redacted											
Home address (number and street). If you have a P.O. box, see instructions. Redacted		Apt. no. Redacted		Spouse's social security number Redacted											
City, town or post office, state, and ZIP code. If you have a foreign address, see instructions. TROY OH Redacted		You must enter your SSN(s) above.		Checking a box below will not change your tax or refund											
Presidential Election Campaign		Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see instructions)		<input type="checkbox"/> You <input type="checkbox"/> Spouse											
Filing Status		1 <input type="checkbox"/> Single 2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here.		4 <input type="checkbox"/> Head of household (with qualifying person). (See instr.) If the qualifying person is a child but not your dependent, enter this child's name here. 5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see instructions)											
Exemptions		6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a b <input checked="" type="checkbox"/> Spouse c Dependents: <table border="1"> <thead> <tr> <th>(1) First name</th> <th>Last name</th> <th>(2) Dependent's social security number</th> <th>(3) Dependent's relationship to you</th> <th>(4) X if qualifying child for child tax credit (see instr.)</th> </tr> </thead> <tbody> <tr> <td>Redacted</td> <td>BISHOP</td> <td>Redacted</td> <td>Daughter</td> <td></td> </tr> </tbody> </table> d Total number of exemptions claimed		(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) X if qualifying child for child tax credit (see instr.)	Redacted	BISHOP	Redacted	Daughter		Boxes checked on 6a and 6b: 2 No. of children on 6c who: • lived with you: 1 • did not live with you due to divorce or separation (see instructions): Dependents on 6c not entered above: Add numbers on lines above: 3	
(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) X if qualifying child for child tax credit (see instr.)											
Redacted	BISHOP	Redacted	Daughter												
Income		7 Wages, salaries, tips, etc. Attach Form(s) W-2 <i>MINI NO WORK AT ALL</i> 8a Taxable interest. Attach Schedule B if required b Tax-exempt interest. Do not include on line 8a 8b 0 9a Ordinary dividends. Attach Schedule B if required b Qualified dividends (see instructions) 9b 0 10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) 11 Alimony received 12 Business income or (loss). Attach Schedule C or C-EZ <i>MINI 9381</i> <i>WIFE'S 17000</i> 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here 14 Other gains or (losses). Attach Form 4797 15a IRA distributions 15a b Taxable amount (see inst.) 15b 0 16a Pensions and annuities 16a b Taxable amount (see inst.) 16b 0 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 18 Farm income or (loss). Attach Schedule F 19 Unemployment compensation in excess of \$2,400 per recipient (see instructions) 19 12,105 20a Social security benefits 20a b Taxable amount (see inst.) 20b 0 21 Other income. List type and amount (see instructions) <i>JURY PAY</i> <i>MINI</i> 21 160 22 Add the amounts in the far right column for lines 7 through 21. This is your total income 22 38,734		Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a W-2, see instructions. Enclose, but do not attach, any payment. Also, please use Form 1040-V.											
Adjusted Gross Income		23 Educator expenses (see instructions) 23 0 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 0 25 Health savings account deduction. Attach Form 8889 25 0 26 Moving expenses. Attach Form 3903 26 0 27 One-half of self-employment tax. Attach Schedule SE 27 1,870 28 Self-employed SEP, SIMPLE, and qualified plans 28 0 29 Self-employed health insurance deduction (see instructions) 29 0 30 Penalty on early withdrawal of savings 30 0 31a Alimony paid b Recipient's SSN 31a 32 IRA deduction (see instructions) 32 0 33 Student loan interest deduction (see instructions) 33 34 Tuition and fees deduction. Attach Form 8917 34 35 Domestic production activities deduction. Attach Form 8903 35 0 36 Add lines 23 through 31a and 32 through 35 36 1,870 37 Subtract line 36 from line 22. This is your adjusted gross income 37 36,864		KIA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions. Form 1040 (2009)											

1040 U.S. Individual Income Tax Return 2010Name,
Address,
and SSN

For the year Jan. 1–Dec. 31, 2010, or other tax year beginning

PR I M A R Y	First name and initial JAMES R	Last name BISHOP
	If a joint return, spouse's first name and initial JUDITH A	Last name BISHOP
	Home address (number and street). If you have a P.O. box, see instructions. Redacted	
	City, town or post office, state, and ZIP code. If you have a foreign address, see instructions. TROY OH Redacted	

After a very short
run of work I had
A MAJOR Heart Attack =
I went from job to
unemployment to
SSI

Presidential
Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to the

Filing Status

- 1 ☐ Single
- 2 ☒ Married filing jointly (even if only one had income)
- 3 ☐ Married filing separately. Enter spouse's SSN above and full name here.

Exemptions

a ☐ Yourself. If someone can claim you as a dependent, do not check box a.b ☒ Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Check if child under age 17 qualifying for child tax credit (see page 15)
Redacted	BISHOP	Redacted	Daughter	

on 5a and 5b

No. of children on 5c who:

- lived with you
- did not live with you due to divorce or separation (see instructions)

Dependents on 5c not entered above

Add numbers on lines above

d Total number of exemptions claimed

Income

Attach Form(s)

Attach Forms

W-2 and

1099-R if tax

was withheld.

If you did not

get a W-2,

see page 20.

Do not attach any

payment. Also,

please use

Form 1040-V.

Adjusted

Gross

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	0
8a	Taxable interest. Attach Schedule B if required	8a	50
8b	Tax-exempt interest. Do not include on line 8a	8b	0
9a	Ordinary dividends. Attach Schedule B if required	9a	0
10	Taxable refunds, credits, or offsets of state and local income taxes	10	0
11	Alimony received	11	0
12	Business income or (loss). Attach Schedule C or C-EZ <i>mine. Sub. 6. 10/4/03</i>	12	19,569
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here	13	0
14	Other gains or (losses). Attach Form 4797	14	0
15a	IRA distributions	15a	0
15b	Taxable amount	15b	0
16a	Pensions and annuities	16a	0
16b	Taxable amount	16b	0
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	0
18	Unemployment compensation	18	2,542
19	Social security benefits	19	0
20a	Taxable amount	20a	3,894
20b	Taxable amount	20b	0
21	Other income. List type and amount	21	0
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	22,161
23	Educator expenses	23	0
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	0
25	Health savings account deduction. Attach Form 8889	25	0
26	Medical expenses. Attach Form 8889	26	0
27	One-half of self-employment tax. Attach Schedule SE	27	1,383
28	Self-employed SEP, SIMPLE, and qualified plans	28	0
29	Self-employed health insurance deduction	29	0
30	Penalty on early withdrawal of savings	30	0
31a	Alimony paid. Recipient's SSN	31a	0
32	IRA deduction	32	0
33	Student loan interest deduction	33	0
34	Tuition and fees. Attach Form 8917	34	0
35	Domestic production activities deduction. Attach Form 8889	35	0
36	Add lines 23 through 31a and 32 through 35	36	1,383
37	Subtract line 36 from line 22. This is your adjusted gross income	37	20,778

KIA

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2010)

Heart Attack on 3/4/10
NOW Disabled/ON SSI
because of heart
issues, emphysema &
COPD.

DOT won't let
my WORK

Redacted

Redacted

Redacted

Redacted

Redacted

JAMES K. BISHOP

Redacted

Redacted

Troy, Ohio

RETURN RECEIPT
REQUESTED



Clerk of Court
United States District Court
701 E. BEARD ST.
RICHMOND, VA
23219

